

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James C. Bishop

MARYLAND

Died at ^{Town} Springfield Hospital ^{County} CarrollDate of death 1905 ^{Month} July ^{Day} 27 ^{Age} 49 ^{Years} ^{Months} ^{Days}Sex male ^{Color or Race} white ^{Birth-place} Virginia^{Occupation} Laborer ^{Where Residing if not at place of death} Baltimore^{Married, Single or Widowed} ^{Name of Wife or Husband} Mrs. J. C. Bishop^{Father's Name} ^{Father's Birthplace}^{Mother's Maiden Name} ^{Mother's Birthplace}^{Name of person giving information} Mrs. J. C. Bishop ^{How related to deceased} wife

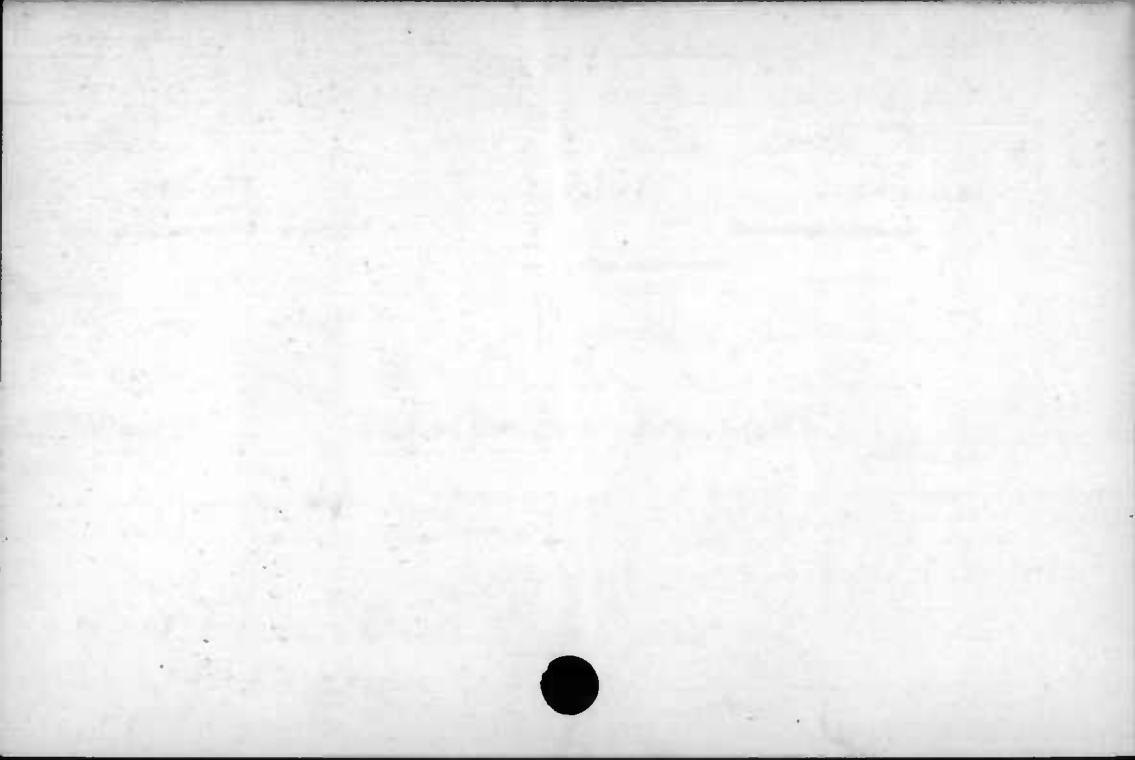
CAUSES OF DEATH

^{Primary} Melancholia ^{How long} 122^{Immediate} Nephrotic colic ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} J. Clement Clarke^{Address} Bykesville

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Louis Boon		Town Louisville		County Carroll		MARYLAND	
Died at Louisville		Month July		Day 20		Age 4	
Date of death 190 5		Years —		Months —		Days —	
Sex Male		Color or Race White		Birth-place Balltown			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Husband —					
Father's Name Louis Boon		Father's Birthplace Ind					
Mother's Maiden Name Annie Nicholls		Mother's Birthplace Ind					
Name of person giving information Annie Nicholls		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 week
Immediate	Heart Failure	How long	105
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. N. Gornuch	
		Address Ind	
Accident or Suicide? ✓		Yanber	



Name
in
Full

CERTIFICATE OF DEATH

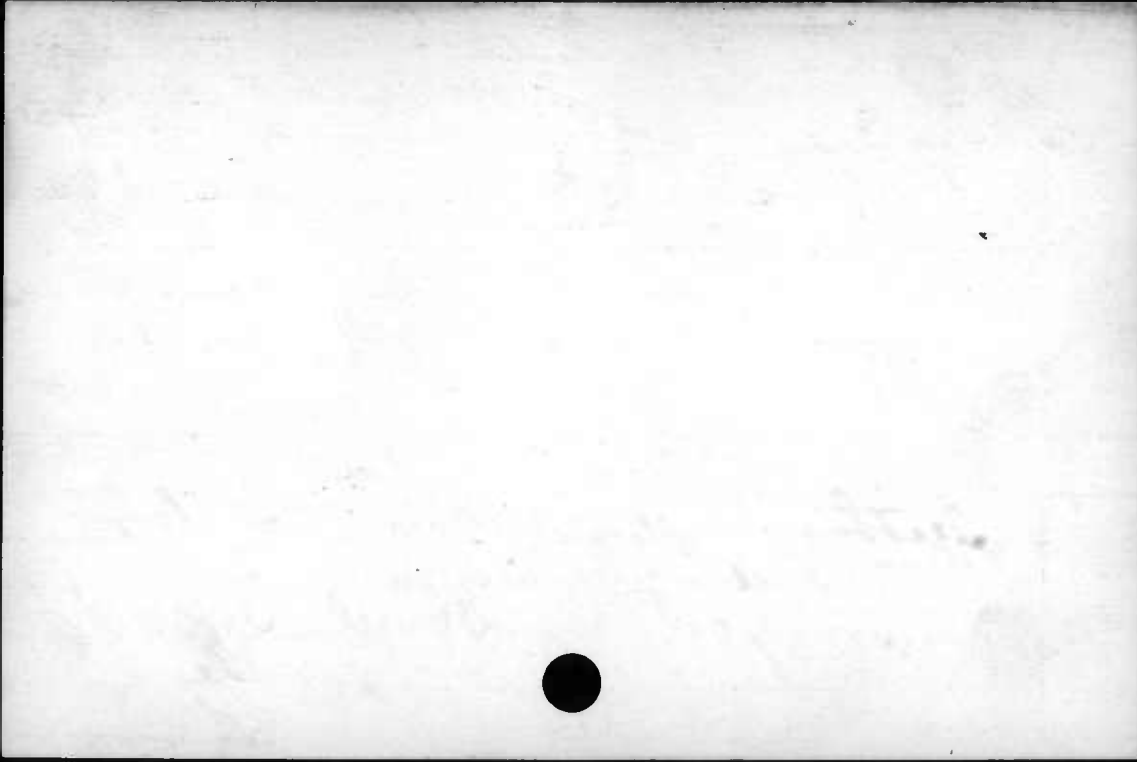
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sylkesville</i> ^{Town}		<i>Leaswell</i> ^{County}		MARYLAND	
Date of death	1905	Month	July	Day	13
				Years	
Sex	Male		Color or Race	White	
Occupation			Birth-place	Howard Co	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name	<i>David Bush Brown</i>		Father's Birthplace	<i>Mo.</i>	
Mother's Maiden Name	<i>Mollie Aldridge</i>		Mother's Birthplace	<i>Mo.</i>	
Name of person giving information	<i>R B Brown</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Teething Complicated by Measles - 9 dis -</i>	How long	<i>3 days</i>
Immediate	<i>Failure of Nervous System</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Daniel B. Frecker</i>
		Address	<i>Sylkesville</i>
			<i>Mo.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Brown (Elliptical) **CERTIFICATE OF DEATH**

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *Carroll* County **MARYLAND**

Date of death *1905* Month *July* Day *4* Age *—* Years *—* Months *—* Days *11*

Sex *Female* Color or Race *Colored* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thomas Brown* Father's Birthplace *Pa.*

Mother's Maiden Name *Grace Gibson* Mother's Birthplace *Md.*

Name of person giving information *Joseph Wilcox* How related to deceased *Friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature* (15) How long *—*

Immediate *Convulsions* How long *24 hours*

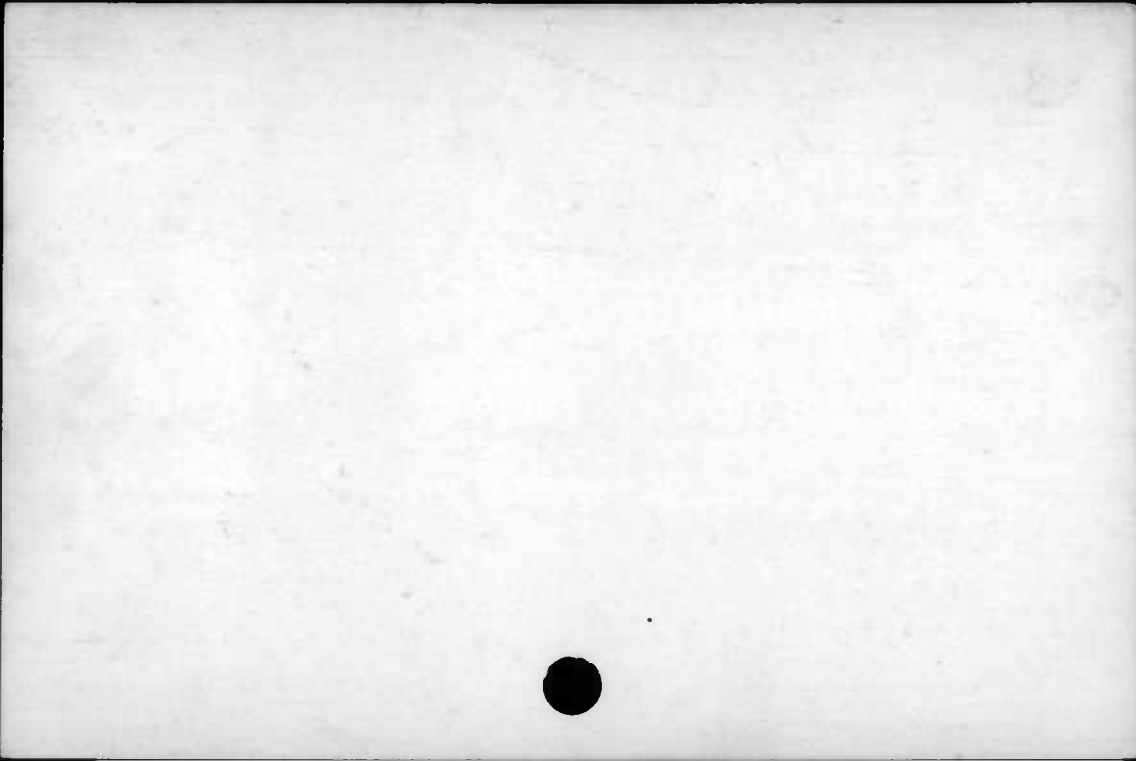
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. R. Foutz, M.D.*

Address *Westminster*

Md.

Accident or Suicide? *—*



Name
in
Full

Lavenia Estelle Browning

CERTIFICATE OF DEATH

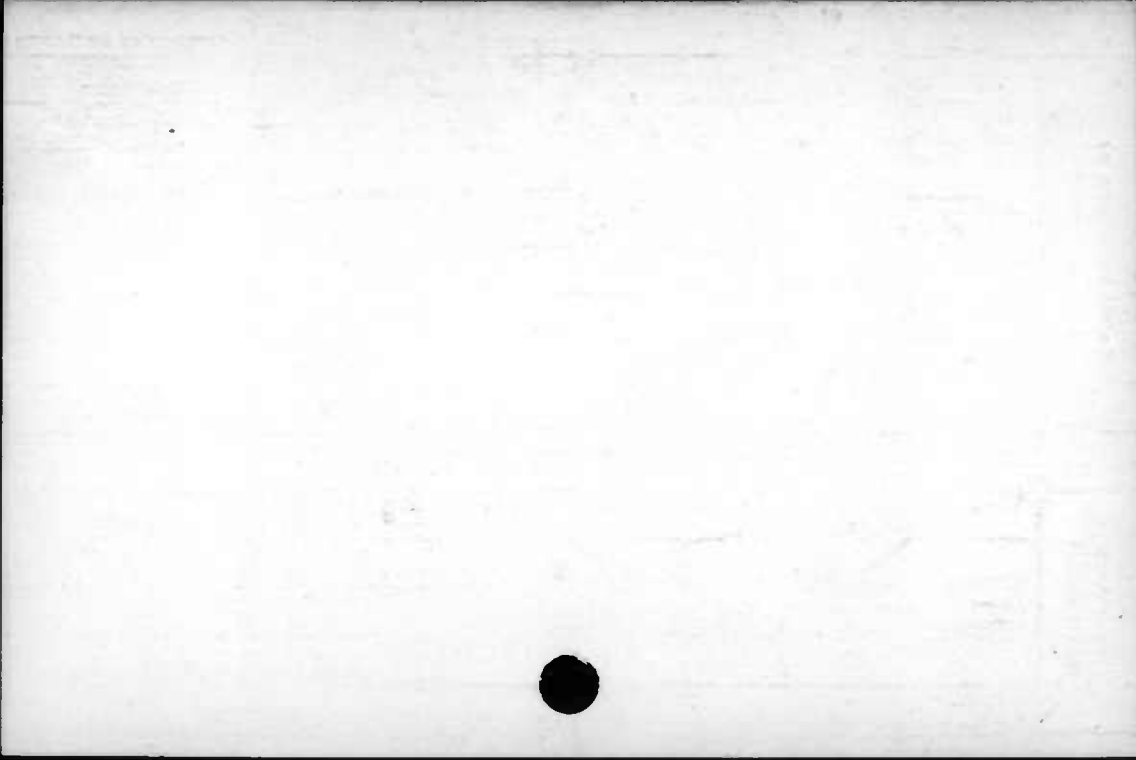
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
7/29		July		25		36	
Sex		Color or Race		Birth-place		Months	
Female		White American		Hyattstown		7	
Occupation		Where Residing if not at place of death		Days		3	
Housewife		Mt Airy Md					
Married, Single or Widowed		Name of Wife or Husband					
Married		Charles E Browning					
Father's Name		Father's Birthplace					
J. H. H. H.		Hyattstown					
Mother's Maiden Name		Mother's Birthplace					
M. J. H. H.		Hyattstown					
Name of person giving information		How related to deceased					
Charles E Browning		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. E. Brownell
		Address	Mt Airy Md.
Accident or Criminal?			



Name
in
Full

Annice V. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>905</i> ^{Month} <i>July</i> ^{Day} <i>29</i>	Age	<i>33</i> ^{Years}	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White American</i>	Birth-place	
Occupation	<i>Teacher</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Married ^{Wife or} Husband			
Father's Name	<i>Edward Brown</i>			Father's Birthplace	
Mother's Maiden Name	<i>Virginia Merrill</i>			Mother's Birthplace <i>Balto, Md.</i>	
Name of person giving information	<i>Merrill Mushaw</i>			<input checked="" type="checkbox"/> Now related to deceased <input type="checkbox"/> Not related to deceased <i>Cousin</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>10 months</i>
Immediate	<i>Edema of Larynx</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Physician		Address	
		<i>Q. F. Brownwell M.D.</i>	
Accident or Suicide?		<i>Mt. Airy Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Abraham David Buffington

Died at ^{Town} Near Barkhill ^{County} Carroll

MARYLAND

Date of death 1905 7 25 Age 66 1 Months 8 Days

Sex Male Color or Race White Birth-place Near Middleburg

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Fannie C Buffington

Father's Name David Buffington Father's Birthplace Md

Mother's Maiden Name Susan Angell Mother's Birthplace Md

Name of person giving information J. M. Buffington How related to deceased Son

CAUSES OF DEATH

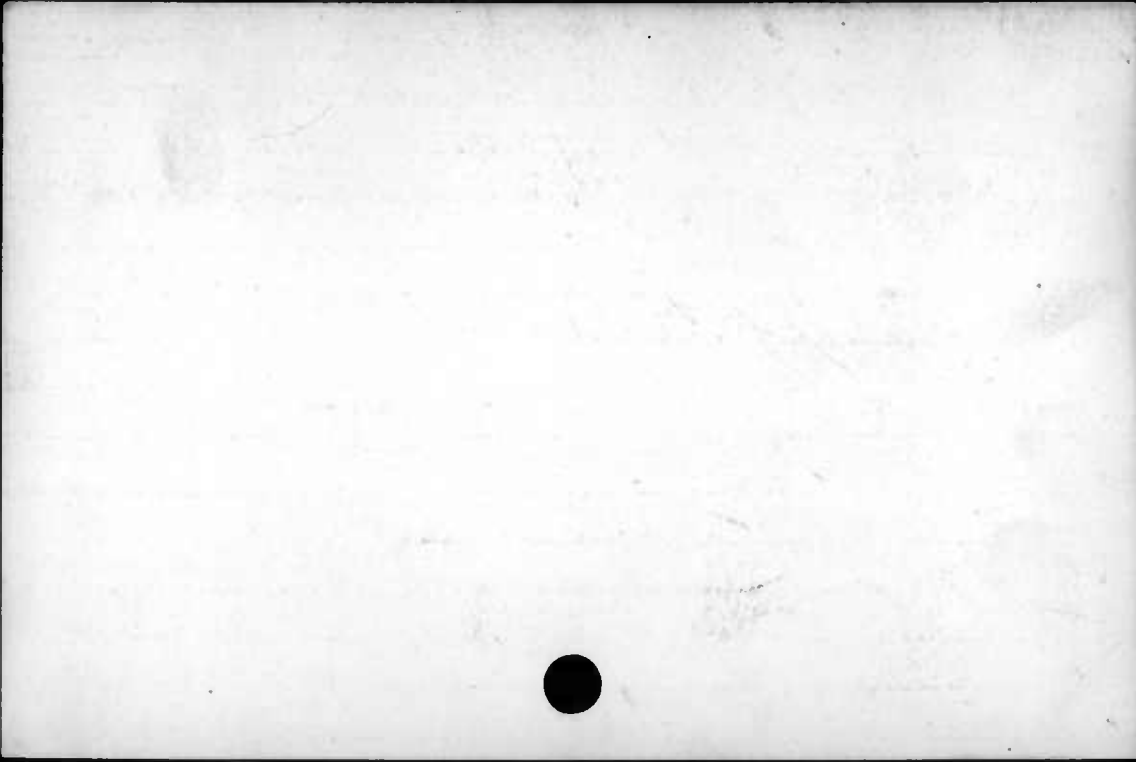
PHYSICIAN
OR CORONERPrimary Heart Disease 79 How long 5 hours
Immediate Mitral Stenosis

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. E. Hoff. per C. O. Fusa

Address Unionbridge Md

Accident or Suicide?



Peter Creagh

Died at ^{Town} Springfield ^{County} State Hospital MARYLAND

Date ~~189~~ July 19th 1905 Age 55 yrs. Native of Md. Occupation Driver

Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of Mrs Peter Creagh
~~Wife~~

Father's Name _____ Mother's Name _____

Cause of Death { Primary ~~to~~ nephritis
 Immediate uraemia

How long sick 120

~~Accident, Suicide, Homicide~~

Reported by J. Clement Clark M.D.

Address Lykensville Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Still born infant

Town

County

Died at

Eldersburg

Carroll

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

July 25

Age

—

—

—

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Harry F. Curby

Mother's

Maiden Name

Carrie Manly

Cause of

Primary

Premature. 8 mos.

How long sick

Death

Immediate

Still born

Accident, Suicide, Homicide

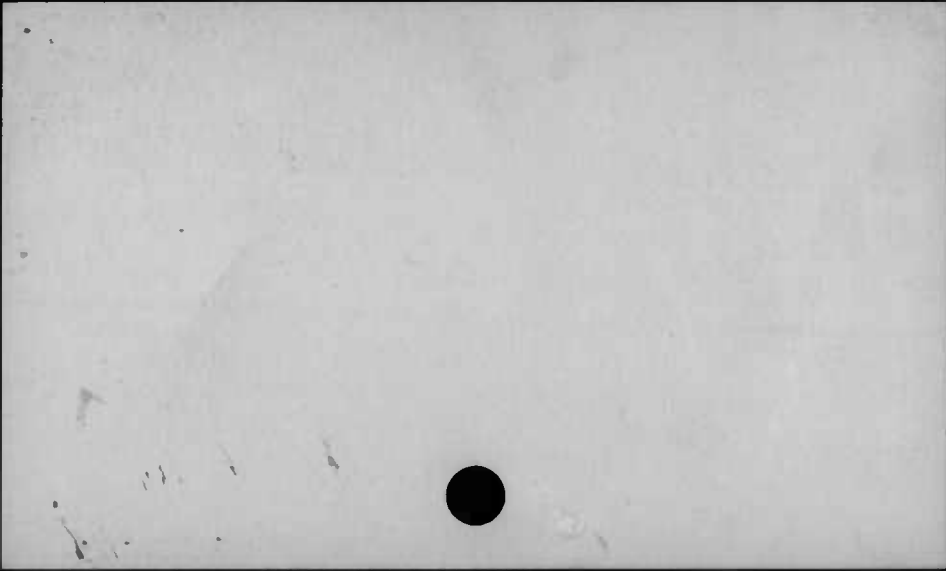
Reported by

J. D. Morris, M.D.

Address

Eldersburg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Union Bridge</i>		Town <i>Barro</i>		County <i>Barro</i>		MARYLAND	
Date of death <i>1904</i>		Month <i>July</i>		Day <i>28</i>		Age <i>18</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Near Union Bridge</i>		Months <i>6</i>	
Occupation <i>Day Labourer</i>		Where Residing if not at place of death <i>Union Bridge</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Davis</i>		Father's Birthplace					
Mother's Maiden Name <i>Ellen Tucker</i>		Mother's Birthplace					
Name of person giving information <i>Ellen Davis</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental by Engine</i>		How long	
Immediate <i>Engine, on W.M. R.R.</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank J. Shewies</i>	
		Address <i>Union Bridge Md.</i>	
Accident or Suicide? <i>Accident</i>			

Mount Olive

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>9</i>	Age	Years <i>8</i>	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co., Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>George Eckeroode</i>		Father's Birthplace <i>Carroll Co., Md</i>			
Mother's Maiden Name <i>Barrie Thomsom</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Chas Thomsom</i>		How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>13 hrs</i>
Immediate <i>Cor Vascular</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D. Wells</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>2</i>	

St Johns Cemetery

Name
in
Full

William H. Frankler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

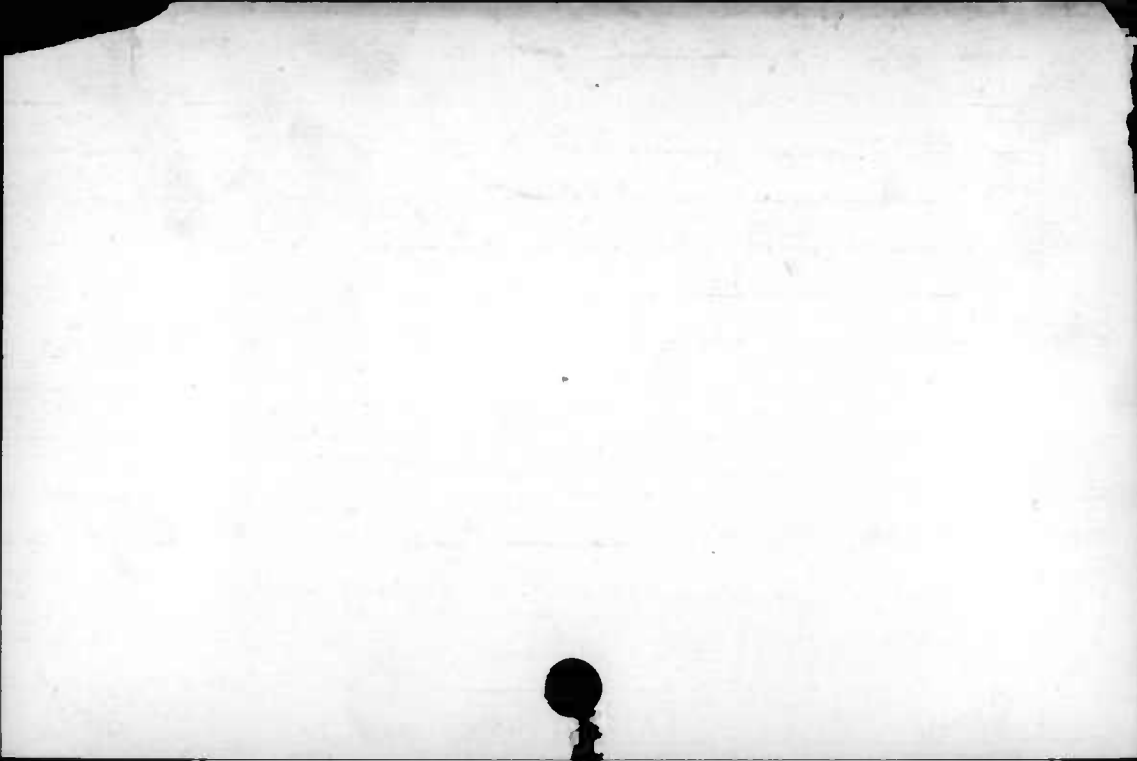
MARYLAND

Died at <i>Sunscreek</i>		County <i>Larwell</i>			
Date of death <i>1905</i>	Month <i>July</i>	Day <i>31</i>	Years <i>76</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Sunscreek</i>			
Married, Single or Widowed <i>Mr.</i>	Name of Wife or Husband <i>Mary E. Frankler</i>				
Father's Name <i>Nathan Frankler</i>			Father's Birthplace		
Mother's Maiden Name <i>Keller</i>			Mother's Birthplace		
Name of person giving information <i>W. E. Frankler</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>(66)</i> ✓	How long <i>2 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Brooks</i>	
	Address <i>Marston Ind.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name Joseph H. Gillis

Died at

Town

Notary

County

Carroll

Date

of death 1905

Month

July

Day

19

Years

Age

Months

2

Days

21

Sex

maleColor or
RaceWhite AmericanBirth-
placeNotary Md

Occupation

Where Residing if not
at place of deathMarried Single
or WidowedName of Wife or
HusbandFather's
NameJohn H. GillisFather's
BirthplaceCarroll Co MdMother's
Maiden NameMargie E PoolMother's
BirthplaceCarroll Co MdName of person giving
InformationJohn H. GillisHow related
to deceasedFather

CAUSES OF DEATH

Primary

Diphtheria

How long

1 wk

Immediate

How long

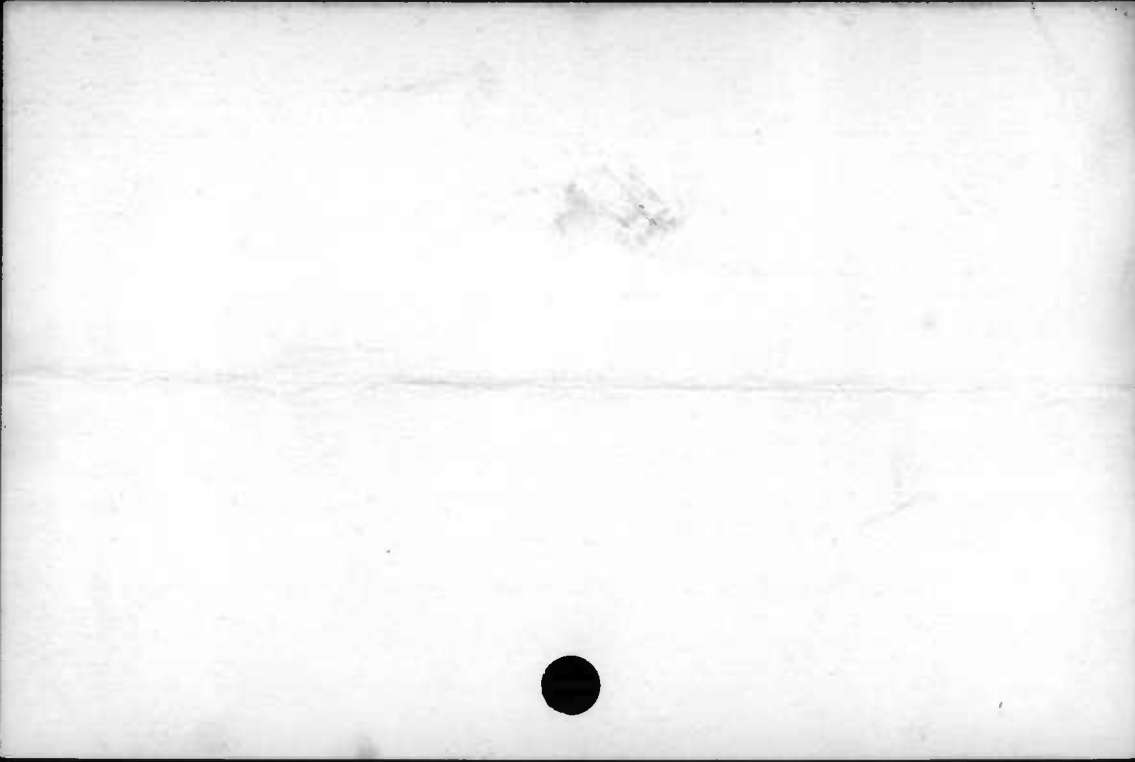
Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianW. E. Lane

Address

Notary Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

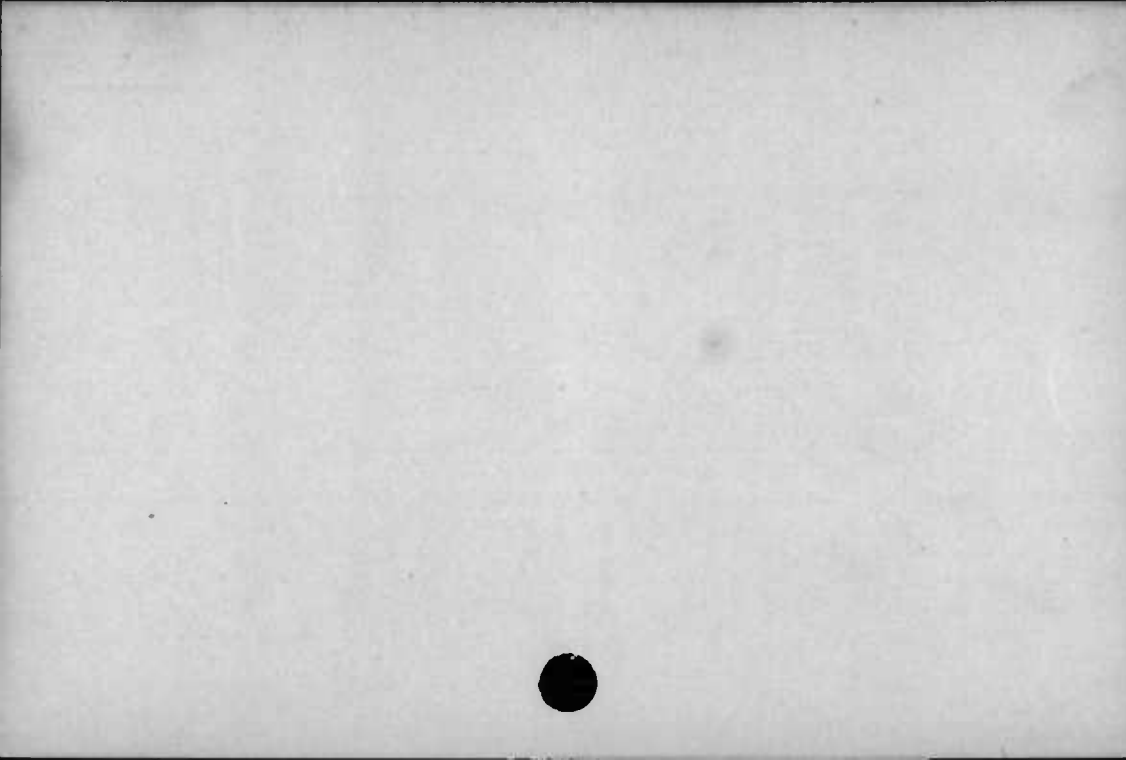
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown</i> Town			<i>Carron</i> County			MARYLAND		
Date of death <i>1905</i>		Month <i>July</i>	Day <i>21st</i>	Age <i>One</i> Years	Months <i>two</i>	Days <i>twelve</i>		
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <input checked="" type="checkbox"/>				Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <i>George N. Goodum</i>				Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary S Oggle</i>				Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Geo N. Goodum</i>				How related to deceased <input checked="" type="checkbox"/> <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One Day</i>
Immediate <i>Convulsions Internal</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Kew</i>
	Address <i>Uniontown Ind</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full

Certificate of Death

Infant of Margie Groome

Town

County

Died at

Sykesville

Carroll

MARYLAND

Date 1900

Month Day
July 27

Age

Y. M. D.

Native of

Occupation

Md.

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jos. Hall S.

Mother's

Name

Margie Groome

Cause of

Primary

Still born. Born

How long sick

Death

Immediate

dead several weeks.

Accident, Suicide, Homicide

Reported by

M. D. Morris, M.D.

Address

Clerksburg Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
FullWm Franklin Grooms
Died at *Sylkesville* Town *Carroll* County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905 July 9 Age About 28 Months — Days —

Sex Male Color or Race African Birth-place Howard Bldg.

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Frank Grooms Father's Birthplace —

Mother's Maiden Name Laura Dorsey Mother's Birthplace Baltimore

Name of person giving information Jos. Norris How related to deceased Half brother

CAUSES OF DEATH

Primary Tuberculosis How long About 2 yrs

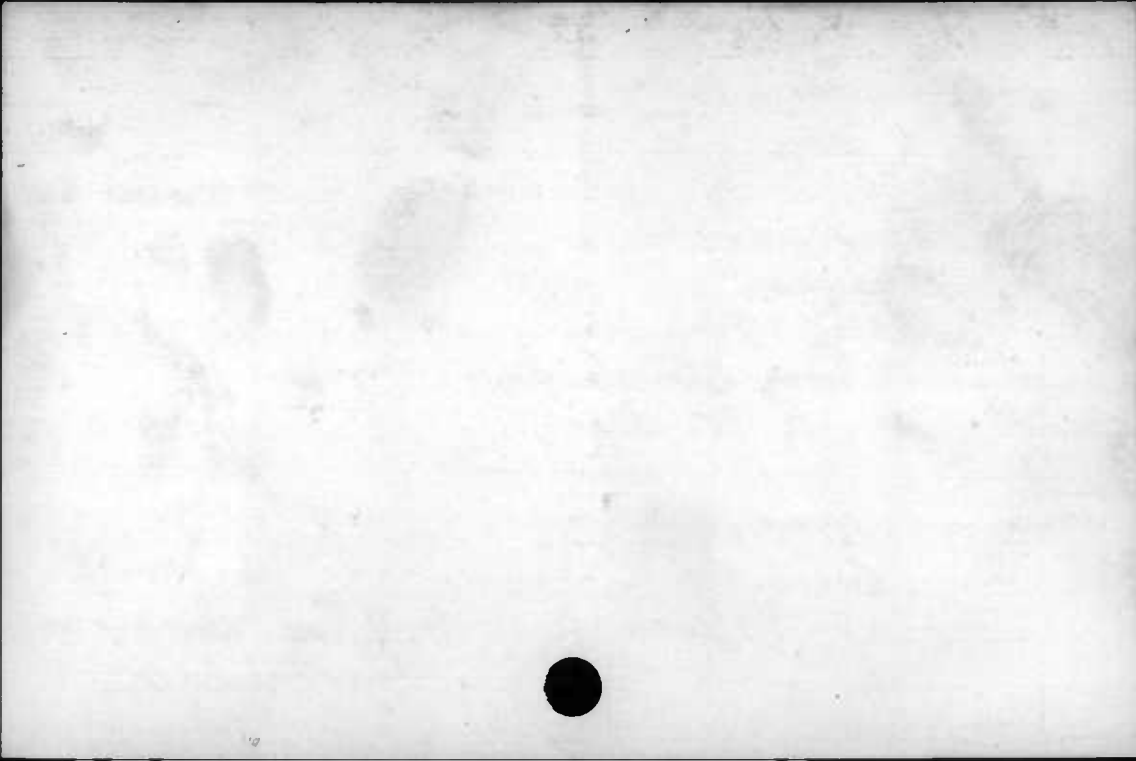
Immediate Effects of same How long About 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. W. Hiffman

Address Sylkesville, Mo.

Accident or Suicide?



Name in Full		Levi Harrison Handley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fountain Valley		Carroll		MARYLAND		
	Date of death	1905	Month	July	Day	6	Age	72
	Sex	Male		Color or Race	White		Months	3
	Occupation	Farmer		Birth-place	Fred K. Co. Md		Days	4
	Where Residing if not at place of death							
	Married, Single or Widowed	Widower		Name of Wife or Husband				
	Father's Name	Philip Handley				Father's Birthplace	Don't know	
Mother's Maiden Name	Rebecca Stoudsifer				Mother's Birthplace			
Name of person giving information	R. W. Doty				How related to deceased	"Pastor"		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Dropsy				How long	1. yr.	
	Immediate	Cancer of Liver				How long	6 mos.	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr Thos Bowman,	
	Address					Westminster, Md.		
	Accident or Suicide?							

St Rufinus cemetery
stones.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Finksburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death ^{Month} <i>July</i> ^{Day} <i>23</i>		^{Years} <i>0</i>		^{Months} <i>2</i>	^{Days} <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Finksburg, Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Howard F. Harris</i>			Father's Birthplace <i>Grass Run Mills, Md.</i>		
Mother's Maiden Name <i>Margaret E. Bloom</i>			Mother's Birthplace <i>Finksburg, Md.</i>		
Name of person giving information <i>Howard F. Harris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<div>177</div>	How long <i>2 months</i>
Immediate <i>Dropsy</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel L. Moore</i>	Address <i>Finksburg Md.</i>
Accident or Suicide? _____		



Name
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CERTIFICATE OF DEATH

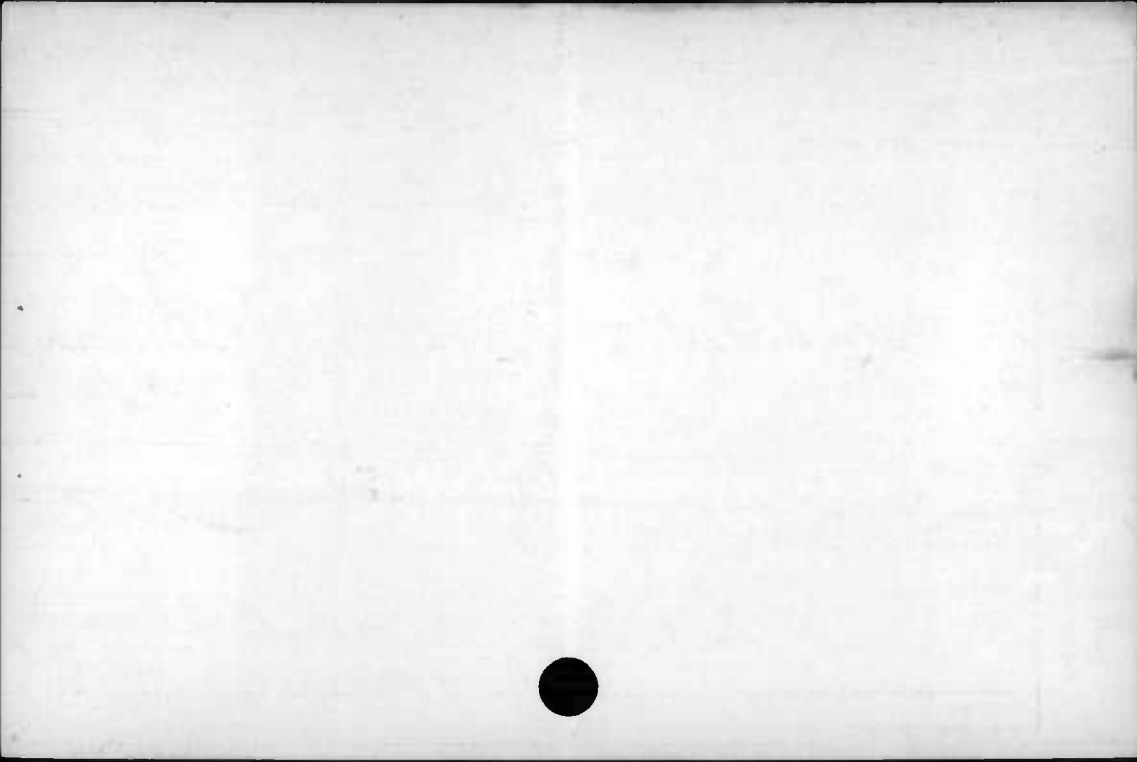
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death 1905	Month <i>7</i>	Day <i>18</i>	Age	Years <i>2</i>	Months <i>1</i>	Days <i>26</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Wm. St. Hawkins</i>				Father's Birthplace <i>Balto. Md</i>			
Mother's Maiden Name <i>Effie Smith</i>				Mother's Birthplace <i>Carroll, Md.</i>			
Name of person giving information <i>Effie Hawkins</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>106</i> ✓
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Edgar M. Bush MD.</i>	
		Address <i>Hampstead, Md.</i>	
Accident or Suicide?			



Name
in
Full

Claudius William Hitterbrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Mar Hanceytown*^{County} *Carroll*

MARYLAND

Date of death *1905 July*Day *21*Age *2*Months *8*Days *16*Sex *male*Color or Race *white*Birth-place *Carroll Co. Md.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Harry D. Hitterbrick

Father's Birthplace

Carroll Co. Md.

Mother's Maiden Name

Rena F. Cluts

Mother's Birthplace

Carroll Co. Md.

Name of person giving information

Harry D. Hitterbrick

How related to deceased

Father

CAUSES OF DEATH

Primary

Cerebro-Spinal Meningitis

How long

7 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. H. Seiss, M.D.

Address

Hanceytown Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

August Hushback

Town

County

Died at

MARYLAND

Date

1905-

Month

Day

Y.

M.

D.

Native of

Occupation

1905-

7

18

Age

75-

md

merchant

Male

White

Married

Widow

Divorced

Female

Colored

Spca

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senility

How long sick

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

Address

Chas J. Carey M.D.

Lykewille Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Joseph Hyle</i>		Town <i>Mt Pleasant</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Mt Pleasant</i>		Date of death <i>1905</i>		Month <i>July</i>		Day <i>14</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age <i>3</i>		Months <i>14</i>	
Occupation <i>—</i>		Birth-place <i>Carroll Co. Md.</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edmund Hyle</i>		Father's Birthplace <i>Carroll Co. Md</i>					
Mother's Maiden Name <i>Mary Hesson</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Edmund Hyle</i>		How related to deceased <i>Father,</i>					

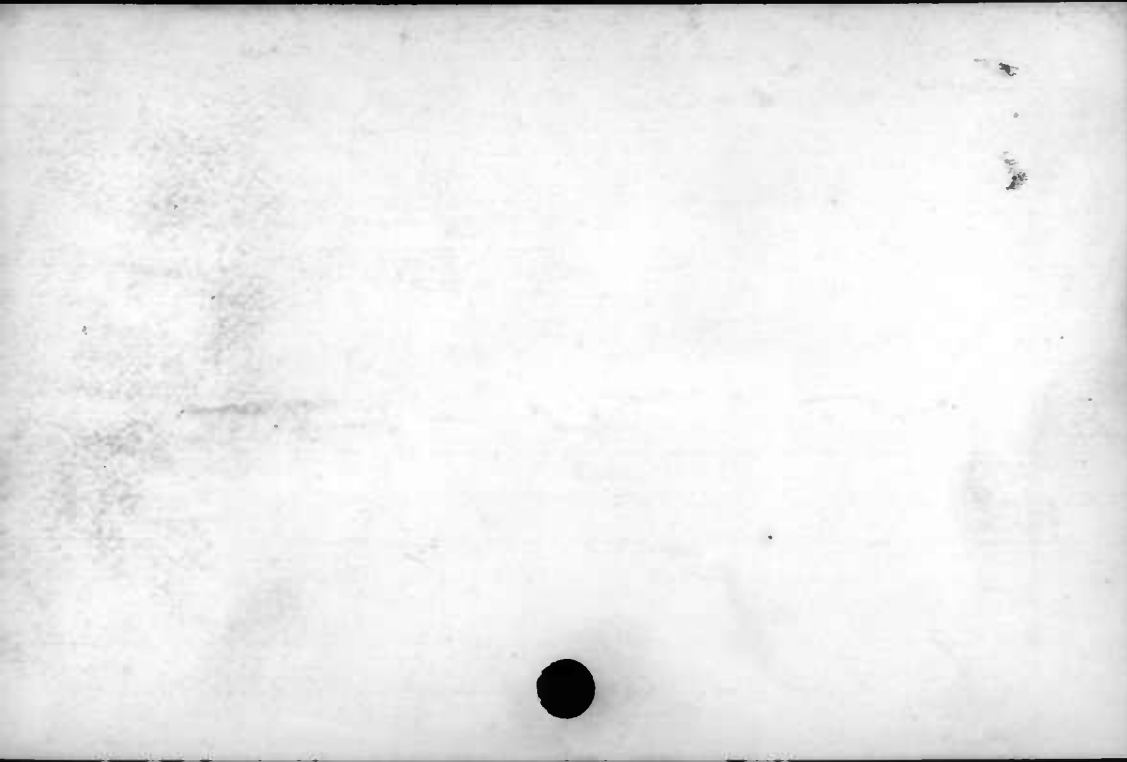
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Gastro Enteric Intoxication</i>	How long <i>(4) 4 days</i>
<i>and Laryngitis and stridor</i>	How long <i>10 hours</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Joseph T. Hering</i>
	Address <i>Westminster Md.</i>
Accident or Suicide?	

St Benjamin's Cemetery.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Finchburg <small>Town</small>		Garret <small>County</small>		MARYLAND
	Date of Death 1905	July <small>Month</small>	24 <small>Day</small>	90 <small>Years</small>	1 <small>Months</small>
	Female <small>Sex</small>	White <small>Color or Race</small>	Hannover P.A. <small>Birth-place</small>		
	x <small>Occupation</small>		Where Residing if not at place of death		
	Single <small>Married, Single or Widowed</small>	Name of Wife or Husband			
	Abraham Lamotte <small>Father's Name</small>	P.A. <small>Father's Birthplace</small>			
	Mary C. Trumbo <small>Mother's Maiden Name</small>	Westminster <small>Mother's Birthplace</small>			
Mary C. Bush <small>Name of person giving information</small>		Niece <small>How related to deceased</small>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Old age <small>Primary</small>		154 <small>How long</small>		
	" <small>Immediate</small>		" <small>How long</small>		
	See <small>Are the name, age, sex, color, date and place correctly given above?</small>		Dr. S. N. Goss <small>Signature of Physician</small>		
			Gannett <small>Address</small>		
	Accident or Suicide?		no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster - Carroll</i>		County		State	
Date of death <i>1905</i>		Month <i>July</i>	Day <i>19</i>	Age <i>57</i>	Years <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>		Months <i>6</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Tobias McBarty</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Went Knott</i>	Name of person giving information <i>John McBarty</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Woodward</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>no</i>	

Storia

St. John

Name
in
Full

Maggie McBarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll

Date of death 1905 ^{Month} July ^{Day} 6 ^{Age} Years ^{Months} 10 ^{Days} 10

Sex Female Color or Race White Birth-place Westminster

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name William J. McBarty Father's Birthplace Carroll Co

Mother's Maiden Name Minnie Kelley Mother's Birthplace " "

Name of person giving information John M. McBarty How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus - 6 How long About 1 week.

Immediate Mesenteric - 3 days. How long 3 weeks.

Are the name, age, sex, color, date and place correctly given above? YES.

Signature of Physician Jos. T. Hering -

Address Westminster.

Accident or Suicide? — M.D.

St Johns Catholic cemetery
Stones.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>7</i>	Day	<i>25</i>
Age	<i>9</i>		Years	<i>28</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth place	<i>Union Bridge</i>				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Chas. T. Martin</i>		
Father's Birthplace			<i>Carroll co.</i>		
Mother's Maiden Name			<i>Ladie E. Hall</i>		
Mother's Birthplace			<i>Carroll co.</i>		
Name of person giving information			<i>U. Hurlbin Brown</i>		
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart</i>	How long	
Immediate	<i>Cholera Infantum</i>	How long	<i>2 da.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>U. Hurlbin Brown</i>	
Address		<i>Union Bridge</i>	
Accident or Suicide?			

Mount Vesuvius

Name In Full		Mary Catherine Miles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster		Carroll		MARYLAND	
	Date of death	1905	Jan	12	Age	5-3	Months Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Housekeeper		Where Residing if not at place of death		Baltimore City	
	Married, Single or Widowed	Married		Name of Wife or Husband		Edieuber Miles	
	Father's Name	Cato Sydes		Father's Birthplace		Carroll Co. Md	
	Mother's Maiden Name	Matilda Brown		Mother's Birthplace		" " " "	
Name of person giving information	Anna. M. Brown		How related to deceased		Sister		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinosis of Liver and Nephritis				How long	about 1 year
	Immediate	Heart Failure				How long	One hour
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. R. Gouty M.D.
					Address		Westminster Md.
Accident or Suicide?							



Name
in
Full

Ralph Caples Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1905 ^{Month} July ^{Day} 29 Age ^{Years} 5 ^{Months} 5 ^{Days} 1

Sex Male Color or Race White Birth-place Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Bradley C. Miller Father's Birthplace Md.

Mother's Maiden Name Mary E. Elger Mother's Birthplace Md.

Name of person giving information Bradley C. Miller How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 6 days.

Immediate Exhaustion How long 17 hrs

Are the name, age, sex, color, date and place correctly given above? yes

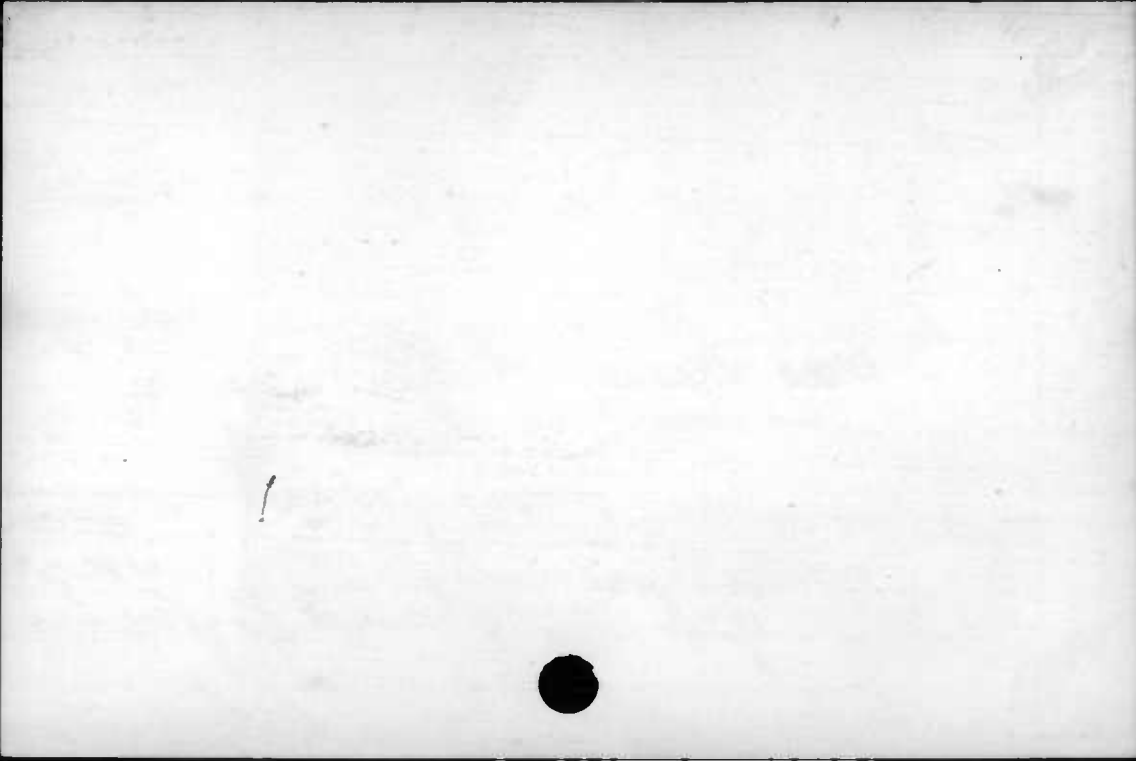
Signature of Physician Chas. R. Stout, M.D.

Address Westminster Md.

Accident or Suicide? _____

St Benjamin
Stour.

Name in Full		MAY E. MOORE				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Weldon		County Canoll		MARYLAND	
	Date of death	190	Month 7	Day 30	Age Years 74	Months 5	Days -
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Birth- place	Fred. Co., Md.		
	Where Residing if not at place of death	Weldon, Md.					
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	Peter Long, deceased				Father's Birthplace	Pa.
Mother's Maiden Name	Sally Painter, deceased				Mother's Birthplace	Md.	
Name of person giving In formation	Thomas Moore				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Indigestion				How long	3 months
	Immediate	Billous Dysentery				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. D. Cronk
						Address	Winfield Md.
	Accident or Suicide?						



Name
in
Full

Miss Lydia Anna Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sylva* ^{Town}

Carroll ^{County}

MARYLAND

Date of death *1905* ^{Month} *July* ^{Day} *5*

Age *77* ^{Years}

3 ^{Months}

7 ^{Days}

Sex *Female*

Color or Race *white*

Birth-place *Pennsylvania*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name

David Murray

Father's Birthplace

Ind

Mother's Maiden Name

Miss Massey Phillips

Mother's Birthplace

Pa.

Name of person giving information

Miss Mary S Lewis

How related to deceased

2nd Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio-Sclerosis. Complicated

How long

20 years

Immediate

Failure of nervous system

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Daniel B. Smecher

Address

*Sylva
Ind*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

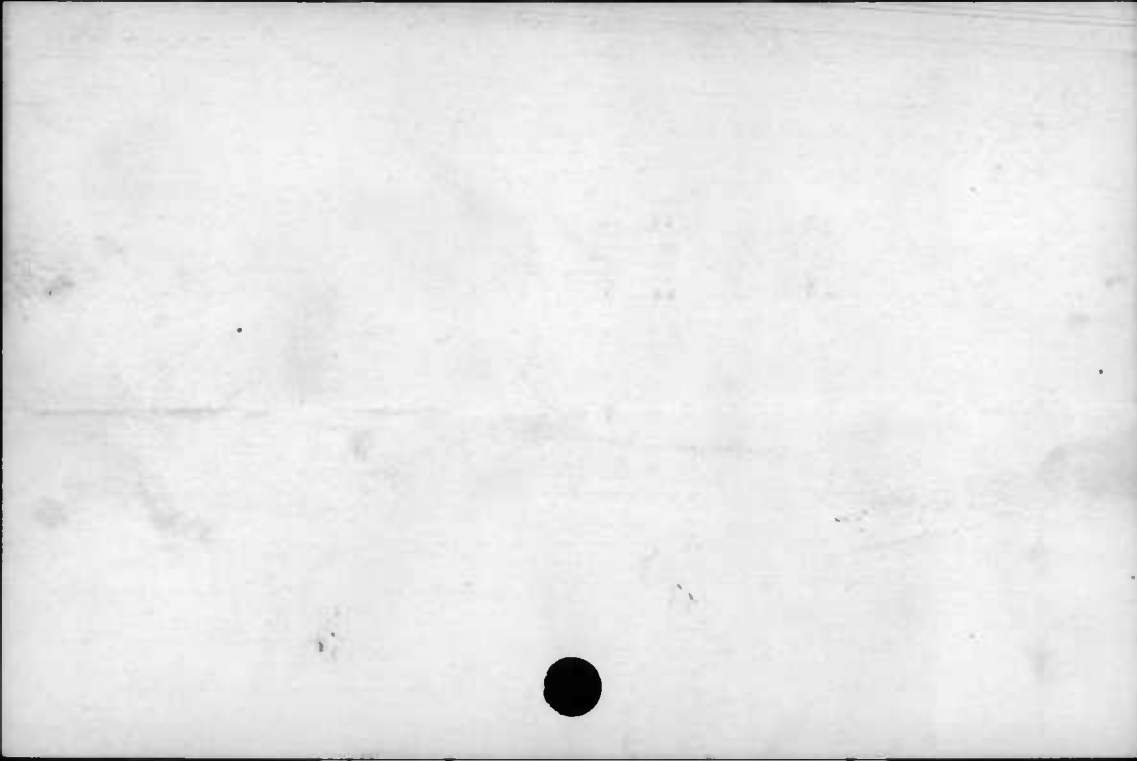
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Geist</u> ^{Town}		County <u>Carroll</u>		MARYLAND	
Date of death	1905	Month <u>July</u>	Day <u>22</u>	Age <u>10</u> Years	Months <u>10</u> Days <u>—</u>
Sex <u>me</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>—————</u>			Where Residing if not at place of death <u>—————</u>		
Married, Single			Name of Wife or Husband <u>—————</u>		
Father's Name <u>Phos Neal</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Helena Stöpper</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Frank Stouffer</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Intestinal Catarrh</u>	How long <u>2 days</u>
Immediate <u>Convulsions</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>Dr. L. M. Gorman</u>
	Address <u>Gardner</u>
	<u>Ind.</u>
Accident or Suicide? <u>—————</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Parrish		Town		County		MARYLAND			
Died		Winfield		Carroll					
Date of death		1905	Month 7	Day 13	Age	Years 79	Months 3	Days 25	
Sex		Male		Color or Race		White		Birth-place	Carroll Co.,
Occupation		Farming		Where Residing if not at place of death		Carroll Co.,			
Married, Single or Widowed		Widowed		Name of Wife or Husband					
Father's Name		Moses Parrish		(106)		Father's Birthplace		Carroll Co.,	
Mother's Maiden Name		Mary Shipley				Mother's Birthplace		Carroll Co.,	
Name of person giving information		Leonard Parrish				How related to deceased		Son,	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Billious Dysentery	(106)	How long	1 week	
Immediate	Billious Dysentery		How long	1 week	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		E. D. Smith
			Address		Winfield
Accident or Suicide?					

Bethesda

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Zebekie Parker* Town *Oakland* County *Carroll*Date of death *1905* Month *July* Day *18* Age *64* Months _____ Days _____Sex *Male* Color or Race *white* Birth-place *Batto, Co., Md.*Occupation *Carpenter* Where Residing if not at place of death _____Married, Single or Widowed *Married* Name of Wife or Husband *Sarah E. Parker*Father's Name *Zebekie Parker* Father's Birthplace _____Mother's Maiden Name *Susanna Tillman* Mother's Birthplace _____Name of person giving information *Sarah E. Parker* How related to deceased *wife*

CAUSES OF DEATH

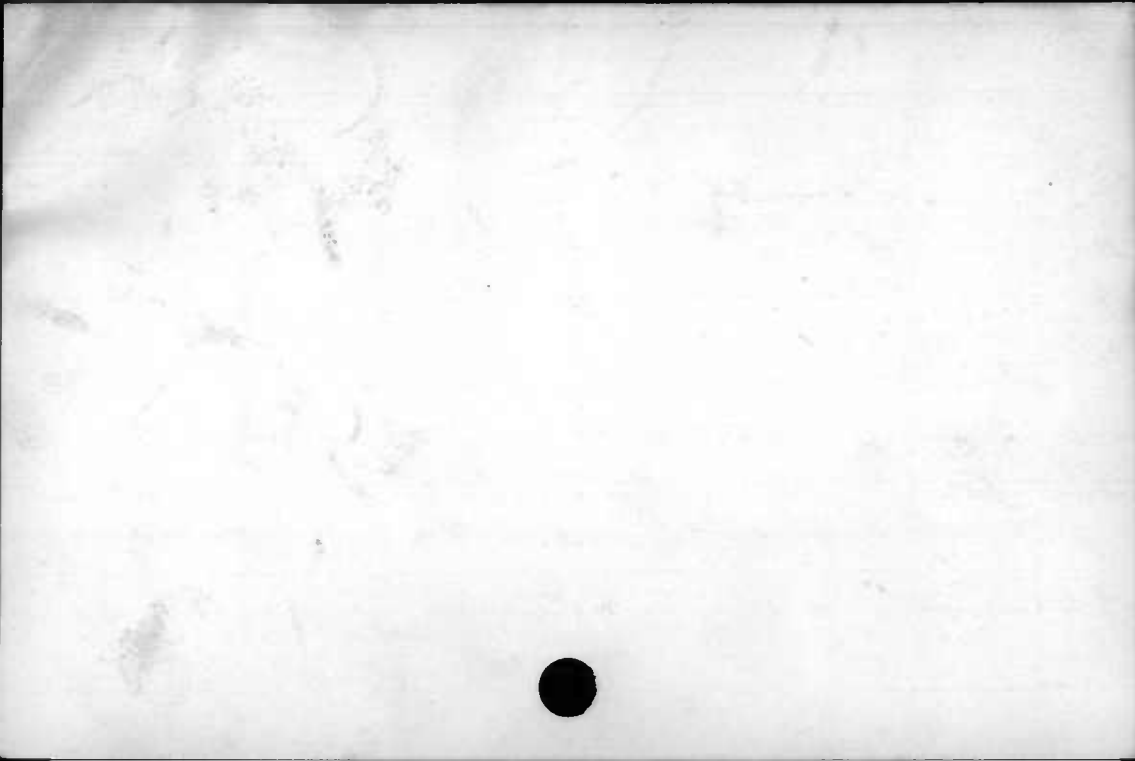
Primary *Abscess Liver* *114* How long *Two Months*Immediate *Septic Absorption* How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Wm. H. Ward, M.D.*Address *Frederickville, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Phoebus, Charles Edwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sykesville ^{Town} Carroll ^{County} **MARYLAND**

Date of death 1905 ^{Month} 7 ^{Day} 5 Age 68 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Ind -

Occupation Plasterer Where Residing if not at place of death —

~~Married~~ Single or Widowed Name of Wife or Husband —

Father's Name John Phoebus Father's Birthplace —

Mother's Maiden Name Katherine Elizabeth Ellis Mother's Birthplace Ind -

Name of person giving information John W. Phoebus How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterid Sclerosis 84 ^{How long} Two years

Immediate Uremia ^{How long} —

Are the name, age, sex, color, date and place correctly given above?

yes

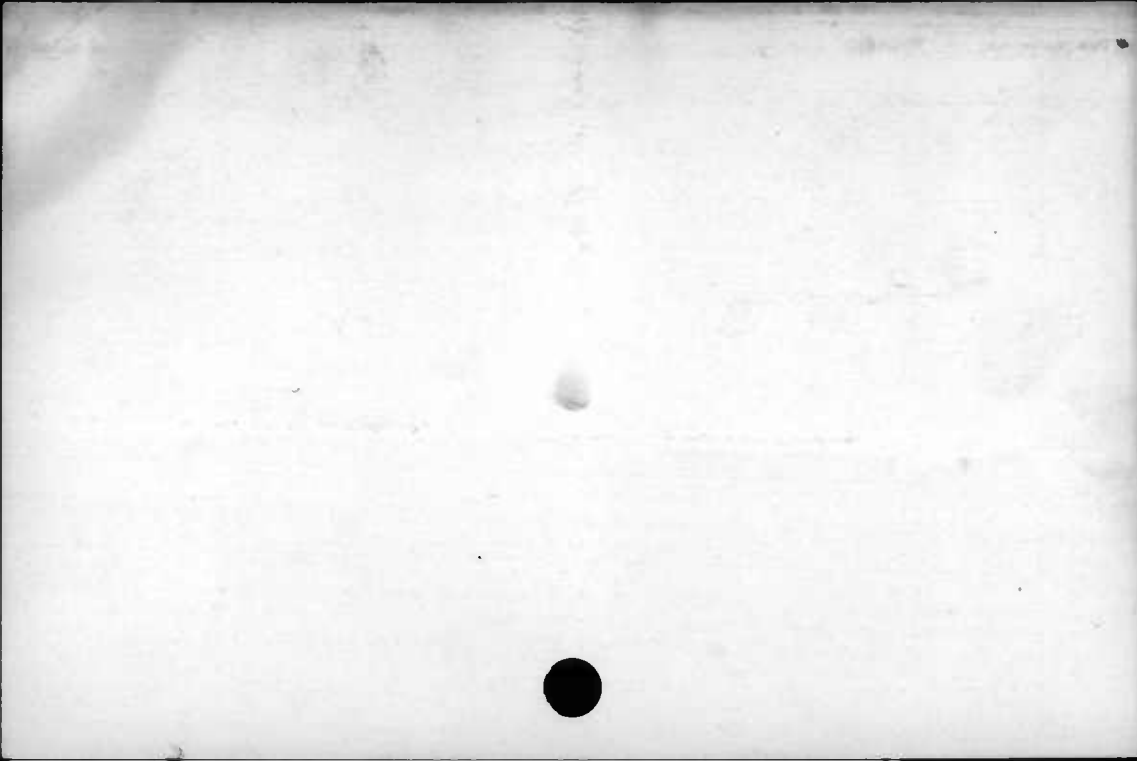
Signature of Physician

Address

W. Frank Lucas M.D.

Sykesville, Ind -

Accident or Suicide?



Name in Full		Catherine E. Pickett.						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Winfield			County Carroll			MARYLAND	
	Date of death	1905	Month 7	Day 26	Age 68	Years	Months 10	Days 21	
	Sex	Female			Color or Race	White		Birth-place	Carroll Co.,
	Occupation	Housewife			Where Residing if not at place of death		Winfield, Md.		
	Married, Single or Widowed	Widowed			Name of Wife or Husband				
	Father's Name	Richard F. Williams, deceased					Father's Birthplace	Unknown	
	Mother's Maiden Name	Sarah E. Luscalet, "					Mother's Birthplace	Unknown,	
Name of person giving information	Chas. S. Pickett					How related to deceased	Son,		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary	Phthisis Pulmonalis					How long	4 yrs.	
	Immediate	"					How long	"	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		E. D. Bruck	
						Address		Winfield Md.	
	Accident or Suicide?								

E. Brueger

Name
in
Full

Orval S. Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Daniel</i> Town		<i>Carroll</i> County		MARYLAND							
Date of death	1905	Month	7	Day	14	Age	Years	Months	6	Days	5
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>near Daniel</i>				
Occupation	.					Where Residing if not at place of death " "					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband _____								
Father's Name	<i>Elmer Pickett</i>						Father's Birthplace	<i>Carroll Co.</i>			
Mother's Maiden Name	<i>Carrie Penn</i>						Mother's Birthplace	<i>Carroll Co.</i>			
Name of person giving information	<i>Elmer Pickett</i>						How related to deceased	<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 day</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. D. Brown</i>
		Address	<i>Winfield W. D.</i>
Accident or Suicide?			

Bethel

Name in Full

Certificate of Death

James A. Rice

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

7

30

Age 46

Md

Sailor

Male

White

Married

~~Widow~~

Dentist

Female

Colored

Single

Widower

Number of children living

—

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Meningitis

How long sick

5 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

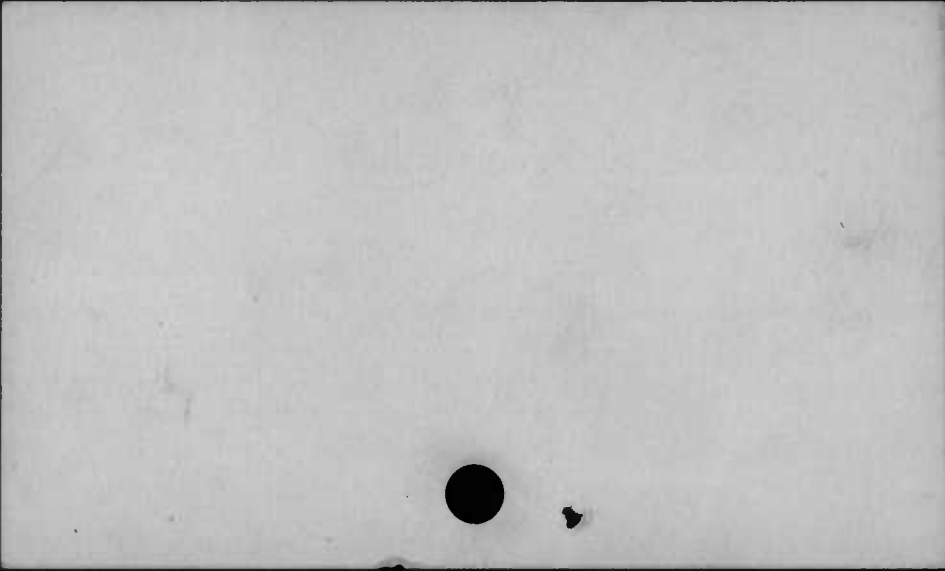
Chas J. Corey M.D.

Address

Syracuseville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Lawrence Reifsnider

Died at Westminster

County Carroll

MARYLAND

Date of death 1905 July

Day 17

Age 68

8 Months

28 Days

Sex Male

Color or Race

White

Birth-place

Maryland

Occupation President

First Natl Bank of Westminster

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Maryanna Shriver

Father's Name

Jesse Reifsnider

Father's Birthplace

Maryland

Mother's Maiden Name

Apalonia Zacharias

Mother's Birthplace

Maryland

Name of person giving information

John Milton Reifsnider

How related to deceased

Son

CAUSES OF DEATH

Primary

Mysocarditis

How long

1 year

Immediate

Hraemia

How long

18 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

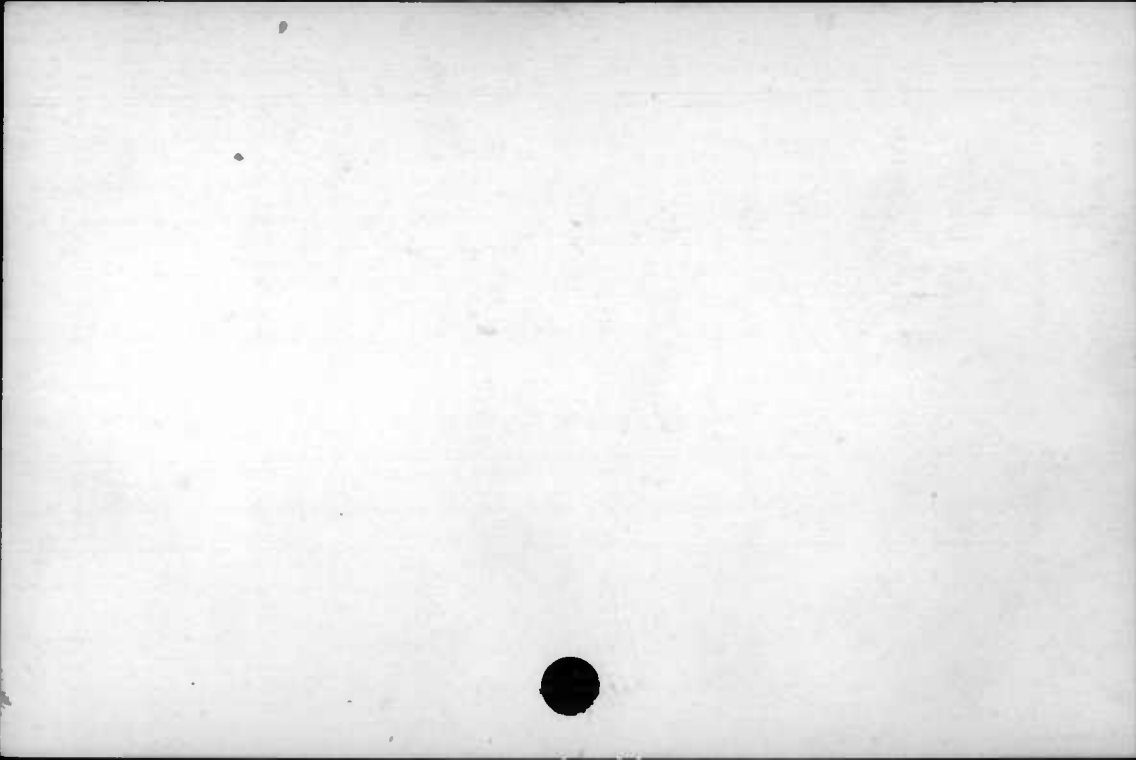
Address

J. J. Vering
Westminster

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

"Baby" Richer

CERTIFICATE OF DEATH

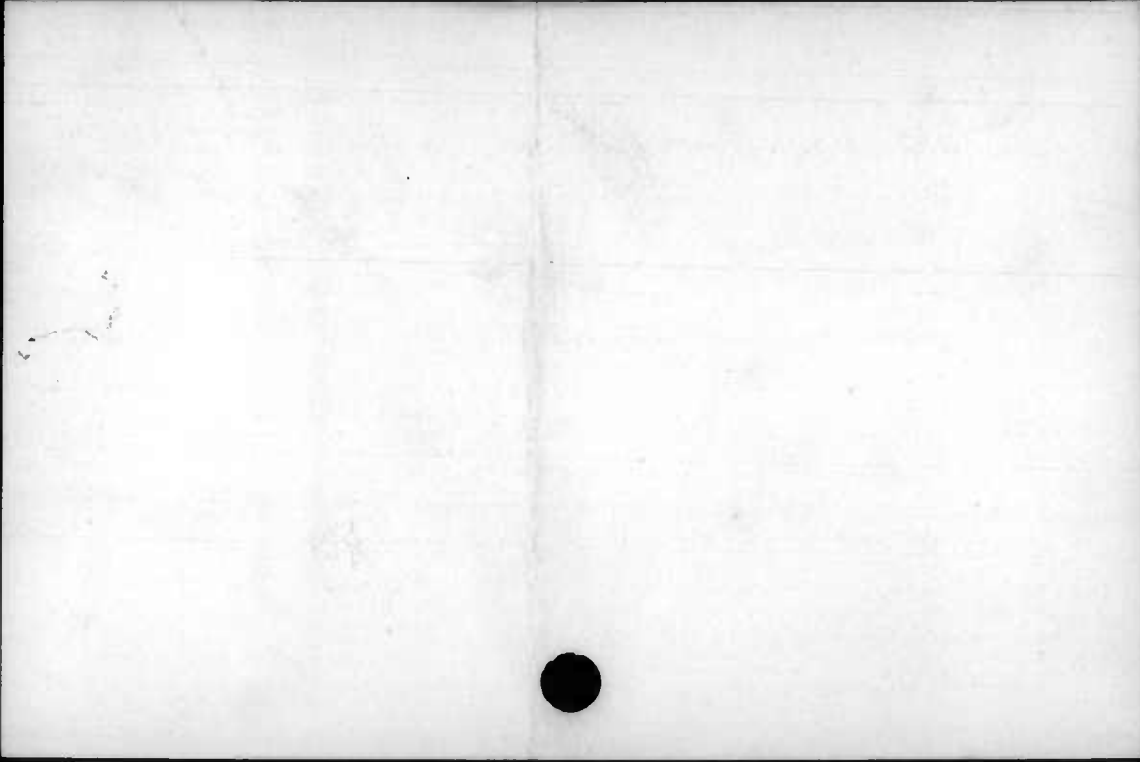
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gt. Army		County Carroll		MARYLAND	
Date of death		Month July	Day 24	Age	Years —	Months 2	Days —
Sex Male		Color or Race White		Birthplace —			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Dr. Richer		155				Father's Birthplace —	
Mother's Maiden Name —						Mother's Birthplace —	
Name of person giving information —		How related to deceased —					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	since birth
Immediate	Asphyxiation (Heart)	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Walter B. Phelan	
Yes		Address 802 Cathedral St	
Accident or Suicide?		Baltimore	



Name
in
Full

Archie E. Rippeon

CERTIFICATE OF DEATH

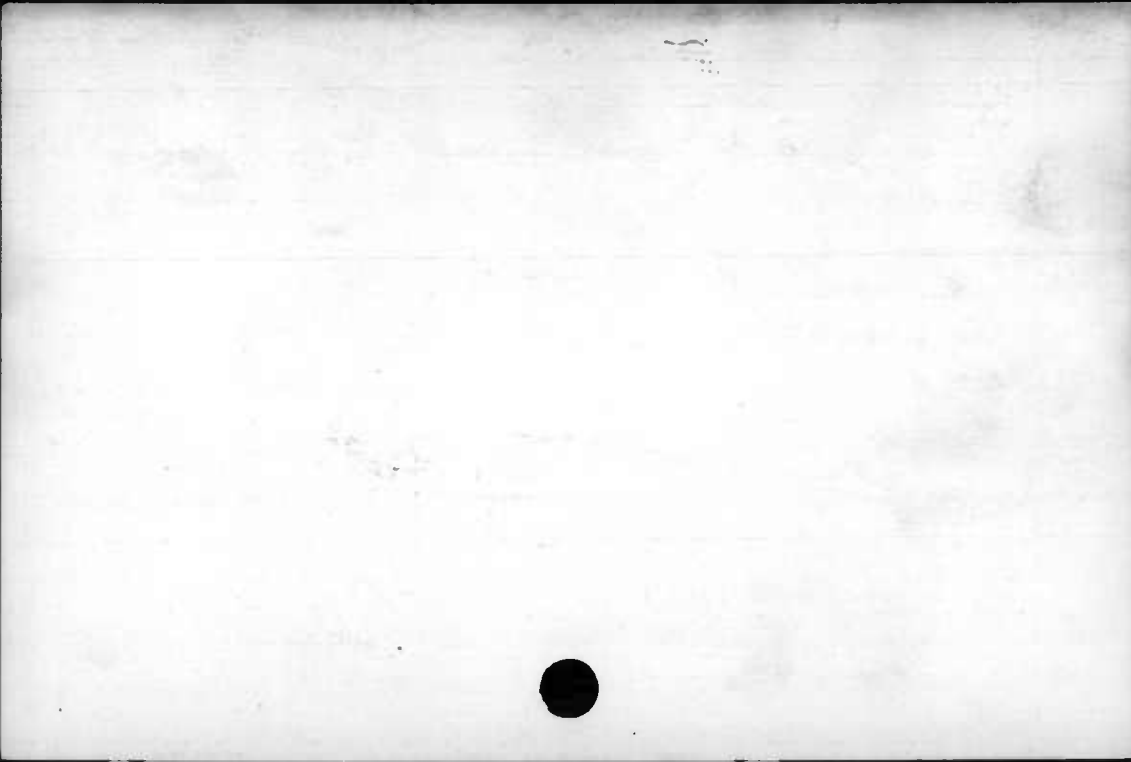
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>sams creek</i>		Town <i>sams creek</i>		County <i>Carroll</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>24</i>	Age <i>42</i>	Years <i>42</i>	Months <i>5</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>sams creek</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. W. Rippeon</i>						
Father's Name <i>Adam Dorman</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Rebecca Evans</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>John Brown</i>	How related to deceased <i>Ind</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>13 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Brooks</i>
	Address <i>Morristown Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. W. Shuff

Died at *Palatka* Town *Carroll* County

Date of death *1905* Month *April* Day *17* Age *35* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *R.R. Employee* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Louise*

Father's Name *Don't Know* Father's Birthplace

Mother's Maiden Name *" "* Mother's Birthplace

Name of person giving information *E. J. Wade* How related to deceased *Friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *R.R. Accident* How long

Immediate *Shock* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. R. Fouts, M.D.* Address *Frederick, Md.*

Accident or Suicide? *Accident*

Shaw

Thomson

1

Name
in
Full

John Thomas Smith

CERTIFICATE OF DEATH

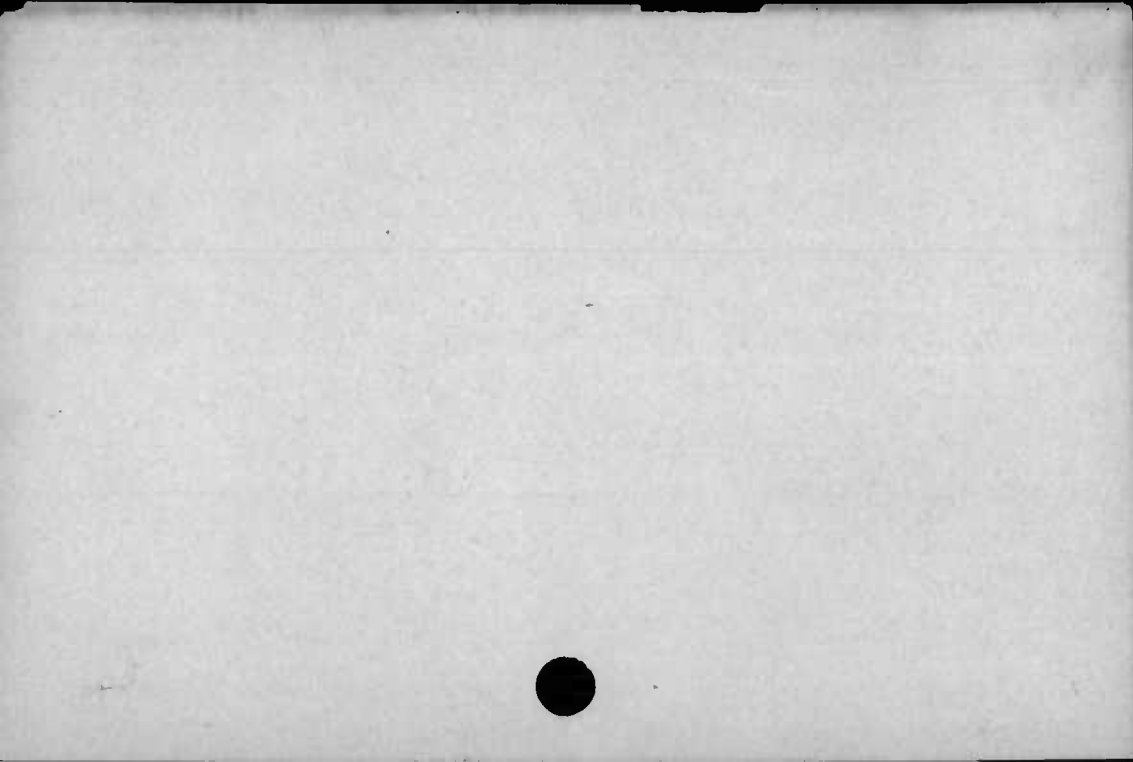
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>July</i> ^{Month}	<i>1st</i> ^{Day}	<i>76</i> ^{Years}	<i>10</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White American</i>		Birthplace <i>Montgomery Co. Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Smith</i>				
Father's Name <i>Henry Smith</i>	Father's Birthplace <i>Montgomery Co. Maryland</i>		Mother's Birthplace <i>Montgomery Co. Maryland</i>		
Mother's Maiden Name <i>Nellie Maxley</i>	Name of person giving information <i>Mrs. Mary E. Smith</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complications of diseases</i>	How long <i>6 months</i>
Immediate <i>Asthma</i>	How long <i>30 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Brownell</i>
	Address <i>Mt. Airy, Maryland</i>
Accident or Suicide?	



Name in Full		Lucyann Starnes				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Date of death		Month	Day	Years	Months	Days	
		1906		July	25	Age	78	2	18
		Sex	Female		Color or Race	White		Birth-place	Carroll Co. Md.
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed	Widow		Name of Wife or Husband				
		Father's Name	Mrs Young			Father's Birthplace	Md.		
		Mother's Maiden Name	Ivory Brown			Mother's Birthplace	"		
		Name of person giving information	Alvin Starnes			How related to deceased	Son		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	General debility			How long	154		
		Immediate	Neuralgia Heart			How long	3 mos		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address		Chas R. Foutz Md			
						Westminster			
		Accident or Suicide?				Md.			

Pleasant Valley
Stones

Name
in
Full

CERTIFICATE OF DEATH

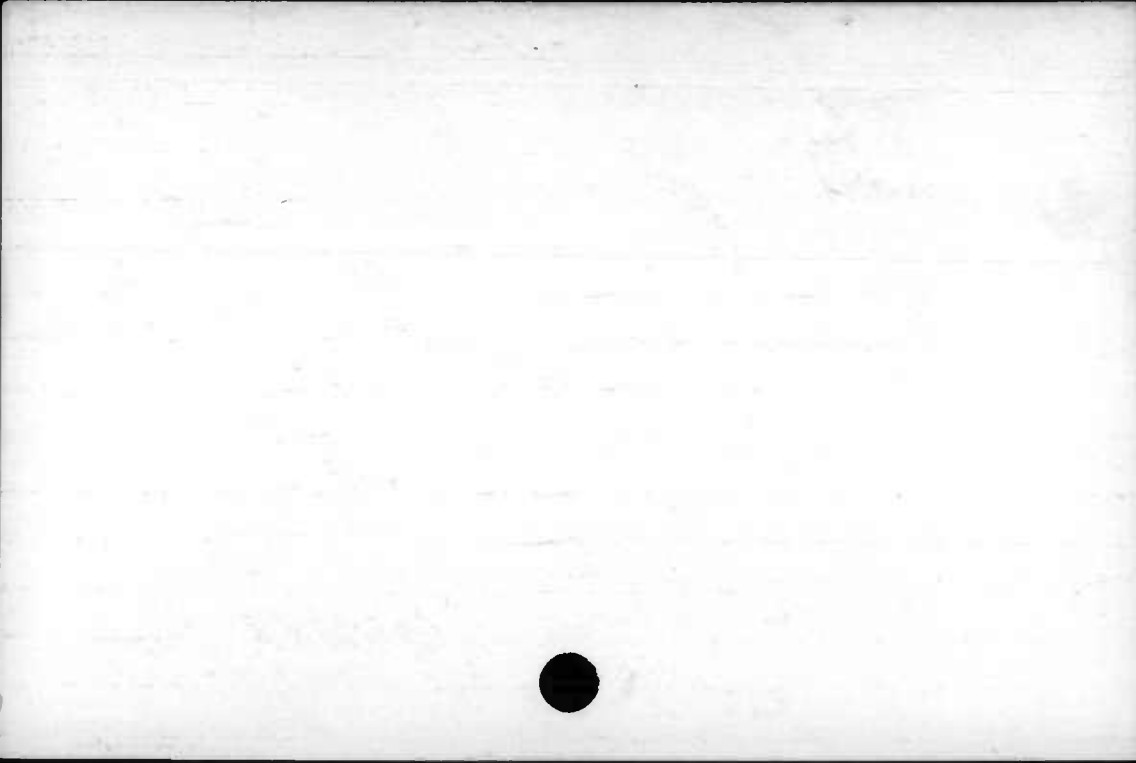
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Mills</i>		Town <i>Union Mills</i>		County <i>Cabroel</i>		MARYLAND	
Date of death	190	Month	<i>July</i>	Day	<i>27</i>	Age	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>	Months	<i>3</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Maided, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>Harry Strevig</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Della Byers</i>				Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>Edw. F. Broff</i>				How related to deceased	<i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edward F. Broff</i>
		Address	<i>Undertaker</i>
			<i>Union Mills Md.</i>
Accident or Suicide?	<i>—</i>		



Name in Full

Certificate of Death

Thelma Mildred Boulton

Town

County

Greenmount

Carroll

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

July 29

Age

5-37

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo H. Boulton

Mother's

Name

Carra J. Keel

Cause of

Primary

Cholera Infantum

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

Handwritten address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Sarah E. Walker

CERTIFICATE OF DEATH

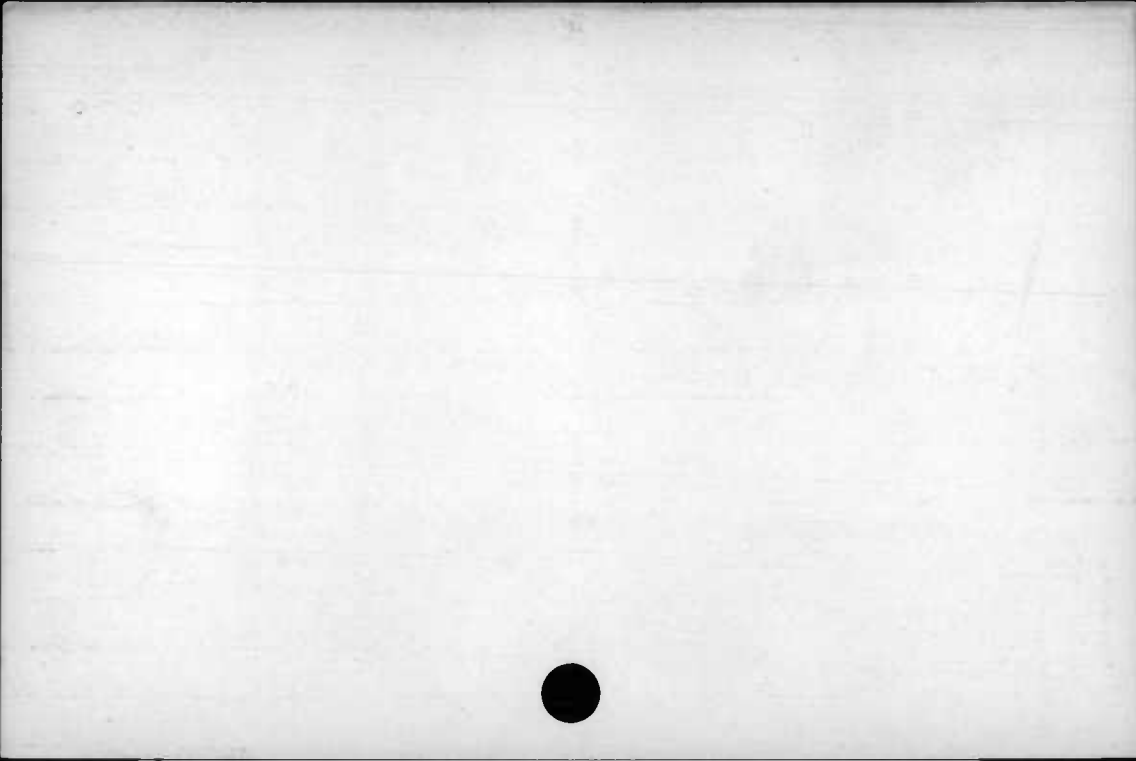
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Linwood		Canroll		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	0	July	18	Age	56		
Sex	Female		Color or Race	Black		Birth-place	Linwood
Married, Single or Widowed			Occupation	Cook			
Name of Wife or Husband Theodore Walker							
Father's Name Thomas Dunstan				Father's Birthplace Linwood			
Mother's Maiden Name Delia Dunstan				Mother's Birthplace .			
Name of person giving information Joseph Haines				How related to deceased Employer			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Islemberson
Address	New Windsor
Accident or Suicide?	



Name
in
Full

Mary J Wally-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at
Town *Winfield Md.* County *Carroll*

MARYLAND

Date of death 1905-
Month *7* Day *25* Age *46* Years Months *11* Days *29*Sex *Female* Color or Race *white* Birthplace *Fredrick Co*Occupation *House wife* Where Residing if not at place of death *winfield*Married, Single or Widowed *Married* Name of Wife or Husband *J. Preston Wally*Father's Name *Jeromich Reek* Father's Birthplace *Penna*Mother's Maiden Name *Barbara Ringling* Mother's Birthplace *Carroll Co Md.*Name of person giving information *Clifton W. Wally* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Intestinal obstruction* How long *4 days*Immediate *Peritonitis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*E. D. Brink*
Winfield Md.

Accident or Suicide?

Bethel

Name
in
Full

CERTIFICATE OF DEATH

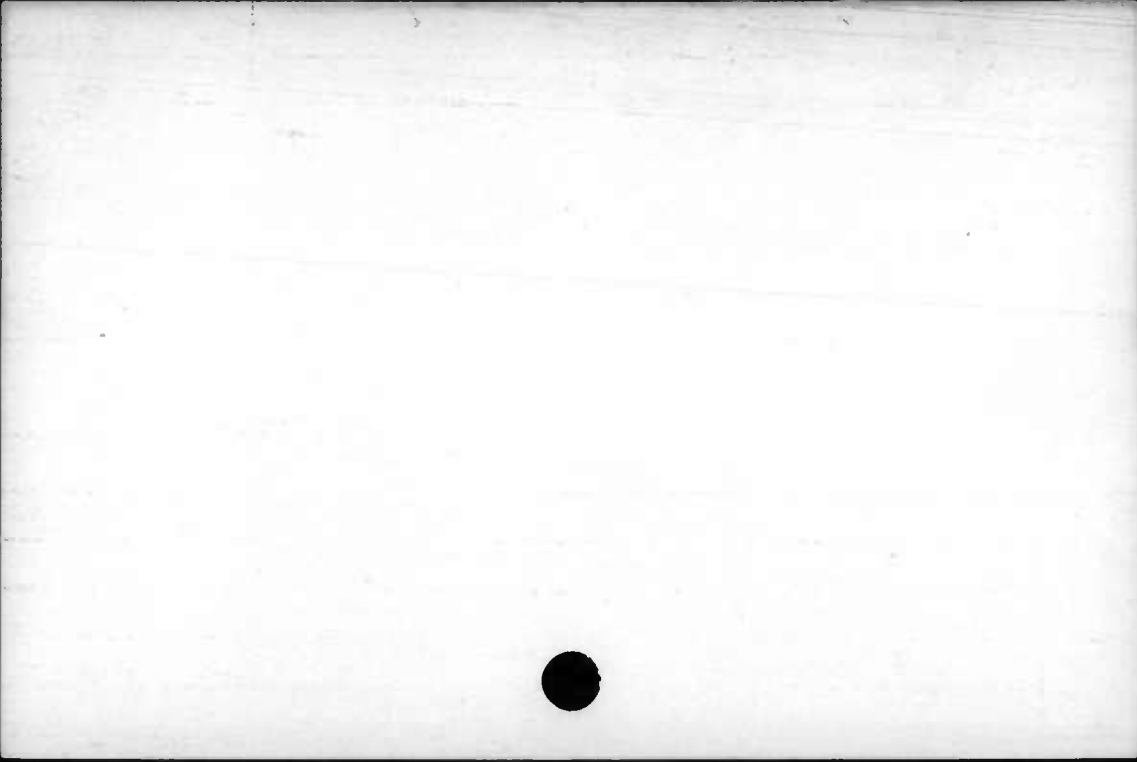
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Deep Run</i>		County <i>Carroll</i>		MARYLAND	
Date of death	190	Month <i>July</i>	Day <i>9</i>	Age <i>75</i>	Years <i>11</i>	Months <i>28</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind -</i>				
Occupation —				Where Residing if not at place of death <i>with Pius Wt</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Thomas Warehime</i>					
Father's Name <i>S. Yimling</i>				Father's Birthplace <i>Ind -</i>			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving information <i>Pius Wt</i>				How related to deceased <i>Son in law.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>6 mo -</i>
Immediate <i>Old age</i>	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. G. H. A. Keagy</i>
	Address <i>Deep Run, Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Henry Wiebking
 Died at ^{Town} Westminster ^{County} MARYLAND
 Date of death 1905 ^{Month} July ^{Day} 7 ^{Age} — ^{Years} — ^{Months} 10 ^{Days} 7
 Sex Male ^{Color or Race} white ^{Birth-place} Washington D.C.
 Occupation — ^{Where Residing if not at place of death} Baltimore, Md.
 Married, Single or Widowed single ^{Name of Wife or Husband} —
 Father's Name Henry T. Wiebking ^{Father's Birthplace} Germany
 Mother's Maiden Name Lottie M. Giesecke ^{Mother's Birthplace} Washington D.C.
 Name of person giving information Mrs. Lizzie A. Swenk ^{How related to deceased} Friend,

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis ^{How long} 3 Mos.
 Immediate Exhaustion
 Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} Chas. R. Gault, M.D.
 Address Westminister Md.
 Accident or Suicide? —

Washington D.C.,
Stoner

Name
in
Full

Susan Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shirley</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1905	Month	July	Day	12
Age	77	Years		Months	4
				Days	23
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Widow Husband	Bryces Williams		
Father's Name	Francis Brothers		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Beaver		Mother's Birthplace	do	
Name of person giving information	Edna Williams		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abscess of Liver.</i>	How long	<i>2 months.</i>
Immediate	<i>Septicemia.</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Jos. P. Herzig.</i>
		Address	<i>Prestonsville</i>
			<i>Md.</i>
Accident or Suicide?			

December 1871

Name
in
Full

Albert Wolstein

CERTIFICATE OF DEATH

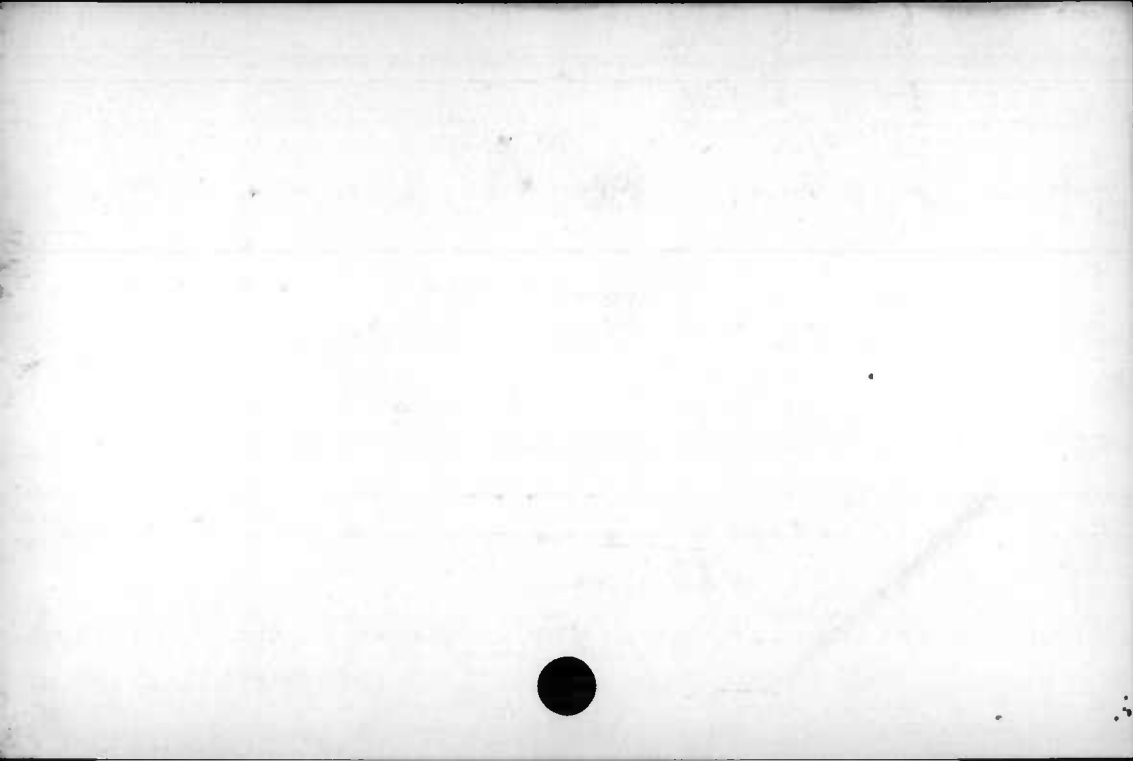
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Airy</i> Town			County <i>Carroll</i>			MARYLAND		
Date of death 1905	Month <i>July</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2 months</i>	Days <i>—</i>		
Sex <i>male</i>		Color or Race <i>white</i>			Birth-place <i>—</i>			
Married, Single or Widowed <i>single</i>			Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>								
Father's Name <i>—</i>						Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>—</i>		
Name of person giving information <i>Henry P. Parker</i>						How related to deceased <i>not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry P. Parker</i>
	Address <i>Garet. Hook</i>
Accident or Suicide? <i>No</i>	<i>Mt. Airy</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. L. Hovdley

Died at ^{Town} Sykesville / ^{County} Carroll

MARYLAND

Date of death 1905 July 20 Age 60

Sex male Color or Race white Birth-place England

Occupation labourer Where Residing if not at place of death Baltimore

Married, Single or Widowed ☒ Married Name of Wife or Husband Mrs Susan Hovdley

Father's Name _____ Father's Birthplace England

Mother's Maiden Name _____ Mother's Birthplace England

Name of person giving information Wife How related to deceased Wife

106V

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Latent and Insidious Perforation How long

Immediate Perforation How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Clement Clark
Address Sykesville

Accident or Suicide?



Name
in
Full

Edward Warfield Yox

CERTIFICATE OF DEATH

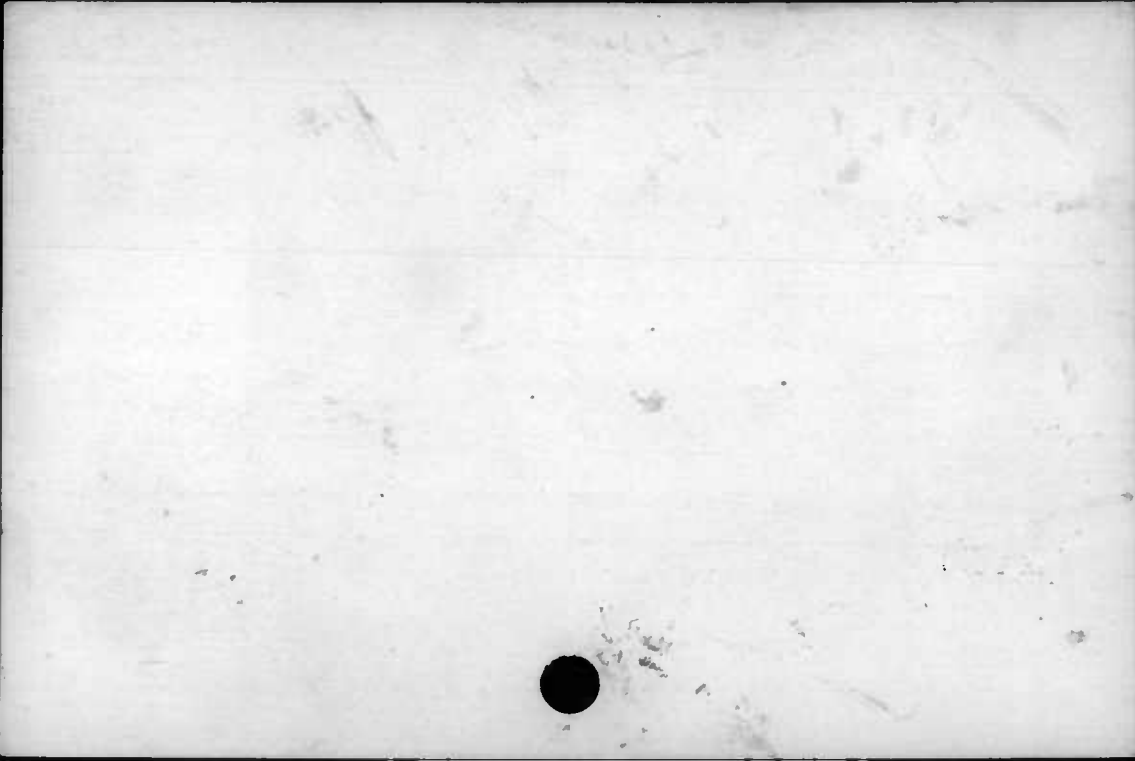
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oakland</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1905	Month	July	Day	23	Age	Years — Months 16 Days —
Sex	Male		Color or Race	White		Birth-place	Carroll Co,
Occupation	Infant			Where Residing if not at place of death —			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	Edw Yox				Father's Birthplace	Md	
Mother's Maiden Name	Grace Poe				Mother's Birthplace	Md	
Name of person giving information	George Vaughan				How related to deceased	Brother in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	10 days
Immediate	Memphis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Seade
		Address	Register's town Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linksburg</i> ^{Town} <i>Md. Carroll</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>July</i> ^{Month}	<i>2</i> ^{Day}	<i>56</i> ^{Years}
<i>3</i> ^{Months}	<i>15</i> ^{Days}		
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Westminster</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Linksburg Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Dora Lee Gardiner</i>		
Father's Name <i>Lawrence Lepp</i>	Father's Birthplace <i>Westminster</i>		
Mother's Maiden Name <i>Susan Ann Cook</i>	Mother's Birthplace <i>Linksburg</i>		
Name of person giving information <i>Nilbur H. Lepp</i>	<input checked="" type="checkbox"/> Created <i>Son</i> <input type="checkbox"/> deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound</i> <i>(bb)</i>	How long <i>shot in head</i>
Immediate <i>rupture of Brown tissue</i>	How long <i>Death instantly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sam E. Woods</i>
<i>Accident</i> <i>(M)</i>	Address <i>Linksburg</i>
Accident or Suicide?	

